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THE

MEDICAL JOURNAL OF AUSTRALIA

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The Journal of the Australian Branches of the British Medical Association.

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THE MEDICAL JOURNAL OF AUSTRALIA.

VOL. II.—3RD YEAR. SYDNEY: DECEMBER 30, 1916. No. 27.

ON A SKIN ERUPTION ASSOCIATED WITH THE PRESENCE OF GREAT NUMBERS OF DEMODEX FOLLICULORUM.

By **Herman Lawrence, M.R.C.P. (Edin.),**
Dermatologist to St. Vincent's Hospital, Melbourne.

The morphological character of the skin parasite known as *Acarus*, or *Demodex folliculorum*, are sufficiently familiar to need no detailed description. As is well-known, it was first discovered in cerumen by Henle in 1841 and as an inhabitant of human sebaceous glands by Simon in 1842, and in the monumental treatise on skin diseases published by Erasmus Wilson in 1846 a special chapter is devoted to an exhaustive notice of its anatomical structure and possible pathogenic qualities. From that day successive generations of dermatologists have recognized its presence and discussed its significance with a fairly unanimous agreement that it might be regarded as harmless.

What is not so generally known is that almost co-incidentally with Simon's discovery Tuck described the same parasite as present on the skin of dogs, and that it is as well-known to veterinary medicine as to our own practice; but here it has a definite pathological meaning.

A very interesting paper was read at the Medico-Chirurgical Society of London in 1874 by Dr. Sparks, the then dermatologist at Charing Cross Hospital, entitled "On a Disease of the Skin Produced by Acarus Folliculorum, Illustrated by Cases Observed in the Dog." The author refers to some work by Gruby, of Paris, who, in 1845, "inoculated a middle-sized dog with the *acari* from man, and kept it under observation for two years." This dog developed a disease which denuded him of all his hair, and sections of the skin showed enormous dilation of sebaceous follicles and great numbers of *acari*. In 1873 Dr. Sparks observed for himself the condition in three dogs, and describes the changes present. He merely observes "that from the analogy of the disease in the dog I cannot help thinking that, after all, some cases of acne in man may be due to the irritation of the *acarus*." Dr. Sparks, in a postscriptum, acknowledges his ignorance that Professor Simonds, of the Veterinary College, had some years before described the same condition.

In Friedberger's "Text-book of Veterinary Pathology," Vol. II., which is, I understand, a standard authority, the authors write under the heading "Follicular Mange": "This eruption is most common in dogs and cats, rare in pigs, cattle and goats, but the *acarus* mite has been seen on sheep, the Sambus stag, and finally in bats, rats, field mice and marmots. It is also found in the comedones in dilated sebaceous glands of man, but without causing any injury." Speaking from an experience of 1,200 cases in dogs, the authors state that the course and intensity of the disease differ greatly in different animals. In some cases it remains in one spot, and in others spreads all over the body. Singularly, the complaint is only with difficulty transmitted in dogs by inoculation, though it is evidently contagious. Neither can the disease be thus transmitted to other animals, but a few cases of spontaneous transmission to man have been observed.

The eruptions described in the dog are both squamous and pustular in type, and the latter is the more common. "This form," they write, "may also occur in circumscribed patches, especially on the head (nose, lips, eyelids) and the paws, but may also spread all over the body."

In the human being, *Demodex folliculorum* is, as already stated, generally looked upon as a harmless parasite. Botter considered that it might have some ætiological influence as an irritative factor in epithelioma, but his opinion has never met with much acceptance. In America, Allen published a case of skin eruption resembling *molluscum contagiosium*, in which demodices were very numerous, and Fordyce and Holder have recorded two instances of *acne rosacea* with great numbers of the same parasite. De Amicis and others in Italy have considered it in association with a pigmentary affection resembling *tinea vesicolor*.

For many years I have entertained increasing doubts as to the entirely harmless nature of the *Demodex folliculorum* in human beings. At the International Dermatological Congress, held in Rome in 1912, I exhibited a moulage of an impetigionous eruption on the face of a young adult, from which I obtained numerous specimens of demodex. The association was so marked that I considered they must have played an important part in producing the inflammatory condition of the skin.

For some little time past it has again seemed to me that examples of an impetiginous eruption in adults associated with the presence of great numbers of parasites have been on the increase. During the past two weeks I have encountered four cases, and during the last twelve months many cases have been met with in hospital and private practice. So familiar has the clinical picture become that it is generally possible to predict that great numbers of demodex will be found.

These cases have occurred in adults, and resemble an *impetigo contagiosa*, but there would seem to be some difference from that affection. The lesions have a greater tendency to form rings, and the border of the skin is more definitely raised than in ordinary *impetigo contagiosa*. The pustulation is not so severe as in impetigo, nor do these cases respond so rapidly to the usual simple antiparasitic remedies as might be expected. Some patients have thought the eruptions followed upon shaving, but the lesions may be situated away from the hairy region, and be found on the forehead, neck, or on the nose.

The feature common to all these cases is the extraordinary numbers of *Demodices folliculorum* which

are demonstrable in the most simple scraping from the skin. Five or more may be seen in a microscopic field, and their size varies in quite a remarkable degree, possibly representing successive generations.

Certainly it is possible to obtain an odd specimen of demodex by squeezing the sebaceous matter from the skin about the nose; but that does not seem to me to meet the explanation required of the great numbers found in the affection I have described, and it might well be that they play some active part in producing the eruption itself.

Dr. R. H. Bull and Dr. Crawford Mollison, after having examined specimens from two of these patients, are of opinion that parasites of such dimensions and in such great number might very reasonably be supposed to produce an irritation of the skin.

It is, of course, a parasite observable in a number of skin conditions, and is sometimes found in large numbers in cases of *acne rosacea*. It may, conceivably, lose its harmless character in one of two ways; either by an enormous increase in number or by its association with some pus-producing organism.

The treatment I have found most efficient is to paint the lesions with tincture of iodine, after rubbing the parts with a salicylic and boracic ether lotion.

Obviously, it would be difficult to produce incontrovertible evidence of the relation of the demodex to this affection as being that of cause and effect, since it is impossible to undertake experimental inoculation, except from man to animals, and this possibility appears to have been settled by Gruby in 1845. Points that may be considered established are: (1) That the *Demodex folliculorum* produces in dogs and other animals under certain unknown conditions a squamo-pustular eruption, and (2) that Gruby claimed to have produced disease in the skin of a dog by the inoculation of demodex obtained from a human being.

There the matter must at present be allowed to remain. The connexion of demodex as an ætiological factor in my own cases is no more than a suggestion, but it has seemed a suggestion worth making if it stimulates other observers who may be dealing with similar affections to add some evidence for or against such hypothesis. The presence of the demodex may be easily shown by washing the scraping made by a light spoon with ether and mounting in *liquor potassii*.

My last patient was a little girl, and the parasites were obtained from the earliest lesions, just developing upon the chin and neck. Pustulation had not occurred in these lesions.

LEFT SIDE PELVIC PAIN.[1]

By J. A. G. Hamilton, M.B.,
Honorary Gynaecologist, Adelaide Hospital.

Everyone who has experience of pelvic pain in women must have noticed that the pain is most frequently referred to the left iliac region. Hermann states that in 75% of cases of retro-displacement pain is referred to the left side. Woorak states that in cancer of the uterus pain is referred to the left side in 81% of the cases. In a series of 2,000 cases in one of the clinics of the New York Post Graduate Hospital the pain was located 1,450 times on the left side.

Various theories have been advanced for this localization.

Hermann says the reason is to be found in the fact that the left side is weaker than the right, not only in muscular strength but in power of resistance to painful impression. Most experienced gynæcologists now attribute the cause to the anatomical arrangement of the organs on the left side. This explanation seems to be the most rational. The left ovary is more liable to venous engorgement and prolapse than the right, because (*a*) on the left side the ovarian vein, the principal drainage canal of the outer part of the broad ligament, after leaving the infundibulo-pelvic fold, runs inward and upward behind the mesentery of the sigmoid and descending colon to the renal vein, which it enters at right angles and frequently has no valve, while the right ovarian vein enters the inferior vena cava at an acute angle, and at the junction of the two is a perfect valve; and (*b*) the rectum lies to the left of the median line, consequently, the left appendages are affected by the mechanical interference which occurs in chronic constipation—a common condition in women. We frequently find the sigmoid adherent to the outer third of the broad ligament; this causes constipation and a failure to empty the bowel at proper intervals or only a partial evacuation in a

[1] Read at a Meeting of the South Australian Branch of the British Medical Association on October 26, 1916.

great many cases where the lower bowel has been emptied, the upper part of the sigmoid or ascending colon may remain full for days or weeks.

I very frequently notice this adhesion between the sigmoid and broad ligament in operating for pelvic lesions. I am unable to say whether it is a congenital condition or due to congestion, or possibly it may be due to some infection from a constantly loaded bowel. This adhesion frequently causes pain, which is more marked after evacuation of the bowel caused by sigmoid dragging on the broad ligament. It is easy to understand how the mechanical pressure exerted by a constantly distended bowel must necessarily tend to obstruct the flow in the ovarian vein and produce dilatation of venous plexus of the broad ligament.

(*c*) The left ovary, on account of the position of its veins, becomes more hypertrophic during pregnancy, and is therefore heavier and more easily displaced if involution is arrested after labour. The same anatomical grounds in the male explain the greater frequency of varicocele of the left side, the position of the spermatic vessels behind the ileopelvic colon and the anastomosis in the renal vein are responsible factors, especially the former, when exaggerated by chronic constipation. On account of the reason I have just mentioned, pelvic varicocele or varicocele of the venous plexus of the broad ligament is much more common in the left side of the pelvis, and although the literature on the subject is scarce, it is a much more common condition that is usually thought. We all know that varicosed veins cause pains, sometimes a dull ache of annoying persistency, whilst at other times it is of a sharp, shooting or neuralgic character. The pain is generally relieved by the recumbent position and is aggravated by standing or walking, and is usually worse at the menstrual period, when the passive congestion is increased. This dull aching pain in the left iliac region is frequently unassociated with any palpable intra-pelvic lesions.

The child-bearing woman is the most frequent sufferer from varicocele during pregnancy. The return flow of the blood from the pelvis may be interfered with by the weight of the uterus. Retroflexion of the uterus, which is frequently the result of subinvolution, tends to slow the venous stream; in the same way, relaxation of the uterine supports causing a descensus may interfere with the venous stream. In my experience, the most frequent cause of varicocele in single women is the sigmoid adhesion to the broad ligament and constipation or masturbation; the latter increases the venous flow and causes a passive congestion. The diagnosis of pelvic varicocele must usually be made by a process of elimination, as is the case in all diseases which are accompanied by few physical signs. The physical signs are often negative. Sometimes a soft fullness can be felt by bimanual examinations in the broad ligament, with very slight pain on pressure. It might be said that the continuation of a dull, aching, persistent pain in the left iliac regions in the absence of any gross lesions is good evidence of the existence of a varicocele or an adhesion between sigmoid and broad ligament. In the latter case the pain is worse after the bowels are moved or if they are constipated. As the physical signs are not marked and are often quite negative these poor patients are often relegated to the large group of so-called neurotics. Great caution should be used in attributing the origin of the symptoms to the ovary, and I am afraid many an innocent ovary has been sacrificed when the trouble was really due to varicosed veins. When there is a doubt about an exact diagnosis, an exploratory operation is generally justified. The abdomen should be opened and the varicosed veins, which are often very dilated, should be ligatured in two places and excised or divided. Double ligation alone is not always sufficient, as there is a chance of the re-establishment of continuity. When the pain is caused by an adhesion between the sigmoid and a broad ligament, the adherent band should be carefully divided and the cut edges brought together with fine catgut, so as to prevent further adhesions. If brought together in the opposite directions to which it is incised, the adherent bowel will be elongated and stop dragging on the sigmoid. I have had quite a number of cases of old-standing left-sided pelvic pains, in which no lesion could be found, which were completely relieved by ligature and excision of the varicosed veins in the broad ligament, or by division of adhesions between the sigmoid and broad ligament.

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Reports of Cases.

A CASE OF BONE TRANSPLANTATION.

By **D. Murray Morton, M.D., Ch.B.,**
Senior Surgeon to In-Patients, St. Vincent's Hospital, Melbourne.

Transplantation of living tissues for surgical reasons is one of the most fascinating methods in the surgery of to-day. At the present epoch, bone transplantation is the subject of very general interest, owing to its value in the treatment of many conditions sequent to mutilating war wounds. The publication of a case which illustrates the value of the transplantation of bone *en masse* seems to me to be opportune at the present moment.

Mrs. G., aged 49 years, married, consulted me on February 8, 1915, and gave the following history: Twenty years ago she hurt her left arm by running against the corner of a house. The arm swelled slightly and was a little sore for two or three weeks after the accident, and then gradually got well; but slight swelling remained just below the left shoulder ever since.

She had no trouble until three years ago, when the arm began to ache like rheumatism. Six months ago the swelling seemed to be getting larger, and three months ago she noticed a lump under the arm, and the shoulder became stiffer. It was painful at times, the pain shooting into the fingers.

On examination it was found that the patient was fairly nourished and was slightly anæmic. At the upper end of the left humerus there was an irregular enlargement, involving the upper end generally and apparently infiltrating the soft tissues. The movements at the shoulder-joint were very limited. The result of a general examination was negative.

A skiagram taken by Dr. H. M. Hewlett showed irregular expansion of the upper third of the humerus by an endosteal growth faintly trabeculated. On the inner side

Fig. I.—Skiagram of condition previous to operation.

Fig. II.—Ten weeks after operation.

Fig. III.—One year and eight months after operation.

Fig. IV.

of the arm the thin bony line appeared intact; on the outer side the growth appeared to have broken away somewhat. The shadow of the muscular structures showed considerable distortion over this aspect.

I diagnosed the case as one of myelo-sarcoma of the upper end of the humerus, and advised resection and transplantation of the fibula to replace the resected portion of the humerus. As amputation at the shoulder-joint had been advised by another surgeon, the patient readily consented to an operation which promised to save the limb.

At the operation on February 10, 1915, I made a free incision over the outer aspect of the shoulder and arm. The upper third of the humerus was dissected free, all muscular insertions being divided close to the bone. After the shaft had been freed to a sufficient extent, it was divided about two inches below the growth with a Gigli saw. As the bone marrow below the section was of yellow colour, another inch of the shaft was removed with the Gigli saw. The marrow was scooped out of the lower fragment with a small spoon and the medullary canal enlarged by reaming the bone. The removal of the affected portion of the bone was then completed by disarticulation at the shoulder-joint and division of the long head of the biceps.

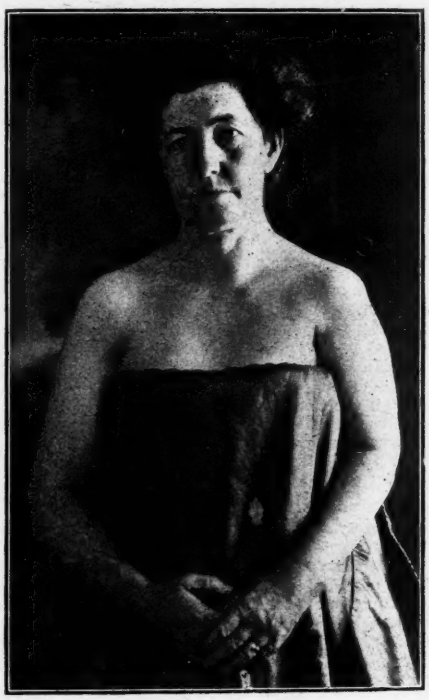

Fig. V.

A long incision was then made in the left leg, over the upper two-thirds of the fibula. The external popliteal nerve was exposed and dissected free. The fibula was dissected clear of muscles and divided well below its middle with cutting bone forceps. It was then further freed and disarticulated at its upper end and removed entirely covered with its periosteum. It was held in Lane's forceps and was not touched by hand. The lower end of the transplant was somewhat sharpened to a point with bone-cutting forceps. A drill hole was made through the head of the fibula and a piece of phosphor-bronze wire passed through the drill hole. The graft was then inserted into the cut end of the lower fragment of the humerus; it fitted well and was hammered home with a mallet. The phosphor-bronze wire at the head was then passed through the cut upper end of the long tendon of the biceps at the shoulder, and also through a portion of the capsule, and the wire was screwed up. The lower divided end of the long head of the biceps was then sutured to the upper divided end with the same material. The muscles were sutured over the graft with a few stout catgut sutures; the skin and superficial fascia were closed with chromic catgut throughout, to avoid the necessity for removal of the sutures. Dressings were applied and held with plaster of Paris bandages immediately applied, so as to immobilize both shoulder and elbow joints.

The patient made an excellent recovery without any rise of temperature. All the wounds healed by first intention. There was considerable pain in the leg at first. The patient left the private hospital thirty-three days after the operation, walking fairly well. A window had been cut for the inspection of the wound through the plaster case, and when she left the hospital the plaster was otherwise undisturbed. A skiagram by Dr. Hewlett at this stage, taken through the plaster case, showed the parts in excellent position.

The plaster was left in position until April 20, 1915, when the patient came down from the country and was shown at a Clinical Meeting of the Victorian Branch of the British Medical Association.

Fig. VI.

Another skiagram taken after removal of the plaster showed the bone looking well and in good position. The patient was instructed to begin to use the limb cautiously and the arm was simply slung. The patient was walking quite well and felt no inconvenience from the loss of her fibula.

On June 1, 1915, the patient was very well. She was making use of the hand for small things.

On August 11, 1915, the patient was again examined. On palpation, the bone felt as if increasing in thickness. She could dress and undress herself and do light housework, and the limb was now very useful. Her general condition was very good and she had gained weight.

On December 6, 1915, the patient reported increased usefulness of the limb; she was able to do all her housework except the washing. Another skiagram was taken.

On September 19, 1916, the patient wrote: "My arm is keeping splendid, still getting stronger and more useful. I have had all my own housework to do for the past five months. I am keeping very well in health."

Dr. Brenan's pathological report on the tumour was: "The tumour of the humerus is a chondro-sarcoma, with a great

deal of myxomatous change. I should think it is of very slow growth."

In regard to prognosis, Professor Sir Harry Allen has been kind enough to allow me to publish his opinion of this type of tumour. "The chondrifying sarcomata of bone are malignant. Their malignancy is not confined to local infiltration. Central tumours are less malignant than periosteal. Extensive mucoid change usually implies relatively low malignancy.

"The success of the operation to date is highly encouraging. I hope that after another eighteen months you will be able to confirm the cure."

The accompanying photographs and the last skiagram were taken on October 11, 1916. The patient was then in excellent health, and suffered very little inconvenience through the partial disability of the left arm. Her arm is now equal to all the demands of her household work—the right arm, of course, getting a greater share of the work than it otherwise would. At table, the patient can use her fork quite well.

It will be seen from the statements of the patient and from the photographs that a very good functional result has been obtained. It will be noticed that the arm with the transplant is shorter than the sound arm; it would have been advantageous if I had taken another inch or so of fibula for my transplant, from the point of view of function as well as from that of appearance. It has also since struck me that in such a case some addition to function might be obtained by splitting the insertions of the pectoralis major and latissimus dorsi and uniting them on either side of the transplant. Better flexion and extension of the shoulder would thus be obtained—at the cost of burying a little phosphor-bronze wire in close relation with the transplant.

There is a reluctance, I think, on the part of many surgeons who have had experience of bone transplantation to bury foreign material which is not absorbable with living bone. In my first bone transplantation, performed some months before the case now recorded, I obtained merely a good instead of an excellent result through hesitating to bury a small portion of wire with the graft. The case was a myeloid of the lower end of the radius, which I resected and replaced with a graft from the crest of the tibia. It was my intention to wire the lower end of the transplant to portion of the capsule of the wrist-joint; but the graft lay so snugly in position that I decided not to risk burying the foreign body, and to trust to splinting alone. In the sequel, the graft became slightly displaced, and, instead of the new lower end of the radius being in contact with the first row of the carpus, it contacts with the second row. The functional result is good, and the patient is quite satisfied; but I failed to derive complete personal satisfaction of a good anatomical as well as a good functional result.

My present practice is that I do not hesitate to bury wire, or even a Lane's plate, with its screws, if the case appears to demand it. In two cases of ununited fracture I have employed both an intramedullary bone graft and a Lane's plate; in one case, an old and very bad ununited fracture of the femur in a very troublesome patient, the Lane's plate saved the part from refracture by the patient's restlessness. Some weeks after operation I removed the plate under local anæsthesia, and the repair of the fracture went on to an excellent result. In the other case, an ununited fracture of the humerus, the operation is too recent to judge of the result.

In planning the method of operation in this case, I had some hope that there would occur an adaptation of the transplanted shaft and head of the fibula to the function of the humerus, in the shape of hypertrophy of the shaft and possibly of a rounding-off of the head. How much or how little my expectation has been realized the accompanying skiagrams show. It appears rather that absorption of the head is proceeding to a rounding-off of the upper end of the shaft. The transfixing wire has fractured, and it is possible that its presence has been a factor in the rarefaction. It will be observed that the new upper extremity of the humerus is now in relation with the inferior aspect of the acromion and not with the glenoid, thereby explaining some of the shortening of the arm.

Dr. Hewlett has kindly favoured me with the following comment: "In the last radiogram it is interesting to note the excellent union between fibula and humerus, where the shaft of the former has been pushed down the medullary canal of the latter. At this spot the graft is gradually disappearing and blending into one. The shaft of the humerus is showing considerable rarefaction, and the head of the fibula is also rarefying and absorbing, and is smaller than in the previous radiogram."

Our knowledge of the operative technique of bone transplantation we owe mainly to the late J. B. Murphy. I do not know amongst his published cases of one in which this precise method has been used. Albee's book on "Bone Transplantation" does not contain a case similar to this. Rovsing is quoted in the Supplementary Volume to Keen's "Surgery" as having reported a case almost identical with mine. However, I am fortunate in being able to give a satisfactory account of my patient one year and eight months after operation.

Reviews.

ANATOMY.

"Anatomy, Descriptive and Applied,"[1] by Henry Gray, F.R.S., edited by Professor Robert Howden (19th Edition) is a comprehensive work on the subject of 1,304 pages, including the index, and will stand as a text-book for students and practitioners equal to any in the English language.

The Editor's preface to this edition and the introduction outline the scope of the work. The new terminology (B.N.A.) is adopted without explanation or apology.

After perusal of this book we are of opinion that the student is best served by it as a text-book, together with Cunningham's two-volume manual as a dissector's guide, which, indeed, was the original title of that work. The plates in Gray's "Anatomy" are clear and diagrammatic, and the use of drawings with colour outlines is freely adopted. About 53 pages at the end of the work are devoted to surface anatomy and surface markings, plainly illustrated by line drawings showing bones, nerves and arteries in different colours in the case of the extremities. In this particular the course of the veins indicated in blue would be a valuable addition. In the same section the position and relations of the thoracic and abdominal viscera are outlined, and indicated clearly in various colours. To the surgeon and physician this is a useful chapter on surgical and medical applied anatomy.

All through the book under each system there is a valuable addition on the subject of applied anatomy of the various organs and parts described. This is in small print, and although accordingly omitted by the student, will well repay perusal by the practitioner.

We have received a useful little publication, entitled "The Public Health Annual and Social Workers' Guide." This booklet contains information in regard to the various public institutions of New South Wales. While prominence is given to Government hospitals and other establishments and to undertakings receiving State aid, information is also given concerning private institutions. The book is got up for the purpose of assisting voluntary workers as well as sick persons and those needing assistance from the various organizations. The inclusion of a number of illustrations renders the book more attractive. It is questionable, however, whether the additional expenditure is justified.

According to a notice published in the daily press of Sydney, the appointment of Dr. C. A. Verco and of Dr. L. O. S. Poidevin as medical officers of the Department of Education of New South Wales, was confirmed on December 20, 1916, at a meeting of the Executive Council. Dr. Poidevin has been acting as medical officer in the Department, and he is mentioned in the Annual Report of the Principal Medical Officer as having undertaken the work of inspection in the Yass, Braidwood and Albury district. According to the Public Service list for 1915, this officer was appointed on probation to his position on April 12, 1915.

[1] Anatomy, Descriptive and Applied, by Henry Gray, F.R.S. Nineteenth Edition. Edited by Robert Howden, M.A., D.Sc., M.B., C.M. Notes on Applied Anatomy, revised by A. J. Jex Blake, M.A., M.D., F.R.C.P., and W. Fedde Fedden, M.B., M.S., F.R.C.S., 1916. London: Longman, Green and Co. Sydney: George Robertson. Royal 8vo., pp. 1304, with 1143 illustrations. Price, 32s.

The Medical Journal of Australia.

SATURDAY, DECEMBER 30, 1916.

The Year's Sacrifices

With pride and sorrow we would pay a last tribute to our Australian colleagues who have given their services and their lives to their country during the year now nearly dead. Bean, Bond, Broughton, Buchanan, Deane, Donaldson, Graham, Green, Hammand, Hughes, Jekyll, Marshall, Mackenzie, Miller, Miller Johnson, Niven, Plant, Rodger and Walker! The medical profession and the Empire have lost men of sterling quality; men who spent themselves in doing good and for whom no sacrifice was too great; men who contributed to the greatness of a great Empire. Others have faced the same dangers with the same unflinching, unswerving resolve to do their duty and do it well, and have been more fortunate. Many of these have been selected for special distinction, and live to enrich the world by their activity, their courage and their skill. Our gratitude to these men and our admiration of their superlative qualities can find expression when they return to the land of sunshine and plenty. But the iniquity of war has robbed the others of this chance. They sleep, unconscious of the grief of those who were near and dear to them, and the knowledge that the whole medical profession mourns the loss of colleagues worthy of the highest respect is denied them. The waste of war cannot have a clearer demonstration than in the death of men whose mission was to save life, to alleviate suffering and to heal. Some of the dead men whom we mourne died of illness contracted in their military service, while others shared the fate of numerous combatants and fell before the bullets and shells of the enemy. The members of the Army Medical Corps at the front have to expose themselves to risks in hospitals and clearing stations, as well as in the trenches, and perform their duties, wherever they are, without regard for their own safety. The wonder is that the toll is not greater. May they rest in peace! Their fame and names will never be forgotten.

We would also address a word or two to our colleagues who have lost sons in the fighting line. Sir Alexander MacCormick, Dr. George E. Rennie, and Dr. G. W. F. Paul, among others, have received the assurance from a large number of practitioners and friends of the deep sympathy which they felt for them in their sorrow. May they find comfort in the knowledge that their boys died like men, doing their duty!

FOOD SUPPLY AND EFFICIENCY.

No fact is more firmly established in the physiology of nutrition than the derivation of the heat of the human body from the energy set free by the combustion of the food. Not only is the warmth of the living tissues due to the oxidation of the components of the ingested foods but the movements of the body are brought about by the power supplied from the same source. Since the genius of Joule of Manchester indicated the way in which mechanical work could be measured in terms of heat, physiologists have laboured to ascertain the output of work and heat by the human organism. These investigations have reached such a degree of perfection that it is possible to affirm with certainty that the heat formed by the burning in oxygen of the foods taken in a sufficiently long period of time, is exactly equalled by the heat lost from the body plus the heat equivalent of any labour performed during the same interval of time. When the body remains of the same weight this equilibrium is maintained indefinitely. If the body increases in weight the energy supplied by the food is found to exceed that lost, while the energy lost exceeds that contained in the food when the weight of the body is diminishing. Studies of this kind have been made so frequently and with such uniform results that the heat value of the diet may be used to determine the amount of energy available during any time for dissipation as heat or as mechanical work. As the total amount obtained by the combustion of the articles in any diet is the sum of the quantities of heat set free in the oxidation of the food-stuffs comprising the diet, the available energy can be readily estimated from a knowledge of the amounts

of fats, carbohydrates and proteins in the food ingested. To utilize this indirect method of computation with accuracy it will be necessary to estimate the quantities of certain components of the urine and fæces to make corrections for incomplete absorption and oxidation.

The energy derived from the food can be liberated as heat or as mechanical work. Mechanical work is produced by the contractions of the skeletal muscles enabling the application of power to objects outside the body. The amount of mechanical work that can be performed by the muscles is, however, limited. Under conditions of great efficiency, about 25% of the total energy liberated in the body in a given time is expended in performing labour. So large a proportion of the energy set free by oxidation is available as mechanical work only when the co-ordination of the muscles used has reached a high degree of perfection by proper training and exercise. When those muscles which are needed for the movement alone contract no needless expenditure of energy takes place in producing opposed motion of muscles, with consequent friction and overheating. The advantage of training in carrying out particular acts lies in regulating muscular contraction so as to avoid the antagonistic movements of the muscles. In this way the whole force of the contracting muscles imparts motion in the desired manner. It is not possible to increase the amount of mechanical work done by a man beyond certain limits. The quantity of work that can be carried out by a powerful, muscular men who is highly trained is not more than the equivalent of 1500 calories in each twenty-four hours. Such a man will require an ample diet yielding 6000 calories upon combustion. With less food the working efficiency will quickly diminish and the body will lose weight. A man of sedentary habits may eat food yielding 3000 calories upon oxidation, but the quantity of energy converted into mechanical work may not be more than 300 calories. In this case only 10% of the total energy liberated is obtained as labour. A man eating food yielding only 3000 calories will not be able under the best possible conditions to do more than the equivalent of 750 calories as labour. This represents the limit of his efficiency as fixed by the diet. Many men not equipped with muscles trained to perfect co-ordination for their type of labour will not do mechanical work equivalent to 750 calories with the diet of 3000 calories, but an amount proportionately less. A ration of 120 grammes of protein, 100 grammes of fat, and 400 grammes of carbohydrate yields on combustion in the body 3000 calories. Such a diet is quite liberal, and is roughly equivalent to the average daily diet of the members of a community as calculated on the total amount of foods consumed in the State.

Consideration of these fundamental facts of nutrition will suggest that the diet of a community can only be reduced with advantage when the reduction is accompanied by the diminution of useless labour. By training the muscles and nerve area the output of labour by each individual may be increased, so that a better proportion of the energy provided by the food is available as mechanical work. For the working man this margin does not remain. He is almost always well trained in performing the various acts of his trade. To restrict his diet is to restrict his output and to diminish his working capacity.

The Government of any country will be well advised to consult the physiologist before attempting any restriction of the food-supply. Nothing should be done which may diminish the supply of food to those members of the State who are doing their maximal amount of work. Should the diet of these persons be restricted by any mischance, their capacity would be diminished to a large extent, since they will probably do work for some days at the expense of the tissues of the framework of their bodies. Those persons who are converting the full proportion of their available energy as mechanical work are likely to belong to the willing section of the community who give their best service to complete their daily task. A restriction of a few expensive articles of diet, or a limitation of the use of foods that have become scarce, may be attempted, but a warning should be issued to replace this food by similar articles which are cheaper and abundant.

THE CONFERENCE OF SCHOOL MEDICAL OFFICERS.

The first conference of medical inspectors of school children in Australia was held in Sydney from December 18 to 21, 1916. At this conference the question of the standard of defects was dealt with thoroughly and practical agreement was arrived at on the majority of the points. The space available in the present issue is insufficient for a full account of the proceedings of this important discussion. When these details are published, it may be necessary to return to the various aspects of the problems involved. Medical inspection of school children is performed under very varying conditions in Australia, and at present uniformity of methods may not be attainable on account of the geographical and economic conditions obtaining in the different States. Unfortunately, Queensland was not represented at the conference, because the work is at present in practical abeyance. The co-operation of the able representative from New Zealand widened the scope of the conference and lent additional importance to its deliberations. Notwithstanding the fact that a State with close on half of a million inhabitants has only one school medical officer, and another with three times as many inhabitants at present is supplied with but two, while a third State, which boasts of over one and three quarters of a million inhabitants, has fourteen, the interests of the children and of the community in general will be better served if the examination were effected on the basis of fixed standards. The value of medical inspection depends primarily on the certainty with which defects can be detected. When large numbers of children are being dealt with, it is obvious that no effective means of amelioration can be adopted, unless every inspector is guided in the determination of the presence of defects by a definite standard. It is useless for all purposes to report the existence of a stated percentage of defects of the eyes or throat, unless everyone carrying out the examination has the same conception of what a registerable defect is. The fixing of a rigid standard below which the organ may be regarded as normal for practical purposes renders the work of the inspector more difficult. Assuming that the standards are respected, accurate measurements of deficient function must be made, and in the case of eye, ear, nose, throat, skin and orthopædic work special training in the corresponding branches of medicine becomes essential. If the medical inspector is to be required to notify the degree of defect of vision, a rapid test with test types is useless. The histories supplied by the parents and by the teachers are notoriously unreliable, and it is therefore of prime importance that the determination of the defect of vision must be carried out by practitioners who have had several years' training in ophthalmic work. Similarly defective hearing and abnormalities of the auditory apparatus can only be measured by inspectors who have specialized in aural work and are *au fait* with modern means of investigating the ear. An open mouth and a history of snoring may be suggestive of adenoid vegetations, but no medical inspector is justified in making the diagnosis without a careful examination of the naso-pharynx. All these processes claim knowledge and skill of a high degree in the medical inspector, and their performance occupies considerable time. An inspection performed at lightning pace is quite useless, and the introduction of standards will have the effect of reducing the amount of work which any one inspector can carry out.

In view of the suggestion of greater thoroughness in the performance of this work, the question may be raised as to which examinations are of the greatest value to the children. In Australia the number of school doctors is insufficient to ensure an adequate inspection of every child. Until many more medical inspectors can be appointed, it would be more useful to restrict the inspection to those organs whose defects produce the greatest impediment to development, growth and education rather than to lessen the number of children dealt with. Although we realize that the selection is a matter of opinion, and in any case is arrived at with difficulty and some hesitancy, it appears to us that the most important defect to be discovered is that of the mind. A thorough examination of the chest may reveal conditions even more derogatory to the well-being of the child or more detrimental to its safety than deficient sight or hearing. It goes without saying that an examination of a heart for organic disease may not depend on history and may never be conducted without the removal of the children's clothes.

The question of the waste of public money and of the unnecessary expenditure of energy on the part of an already overworked profession during these times in the double examination of boys due for service as Junior Cadets was raised. It does not seem reasonable, after the medical inspector has made an examination of these children, that a military medical officer should have to go over the same ground. It transpires that the interval between the two examinations is frequently very short. Surely the suggestion of the Victorian representative is an excellent one. It is that the Education Departments should come to an understanding with the Federal Department of Defence, by which the certificates of the medical inspectors of school children should be accepted by the military authorities for this purpose.

British Medical Association News.

MEDICO-POLITICAL.

A meeting of the Council of the Victorian Branch was held at the Medical Society Hall, East Melbourne, on November 15, 1916, Dr. A. V. M. Anderson, the President, in the chair.

In connexion with the question of practice by unqualified practitioners, a letter was read from the Public Health Department, in which the writer stated that it appeared that the only protection on which they could rely was included in Section 16, Sub-section 1 of the Medical Act, 1915. The Health Department could not prevent people consulting unqualified practitioners and paying their fees voluntarily. The Section referred to was as follows:—

> No person shall be entitled to recover any charge in any court of law for any medical or surgical advice or

attendance or for the performance of any operation or for any medicine which he shall have both prescribed and supplied unless he shall prove on the trial that he is registered in accordance with the provisions of Division two of this Part of this Act.

The Council had drawn the attention of the Health Department to the grave danger to public health arising in cases in which an unqualified practitioner treated infectious diseases, but did not notify the Health authorities in the same manner as qualified medical practitioners were compelled to do. The matter was referred to the Legislative Sub-Committee.

It was announced that his Excellency the Governor, in Council, had been pleased to appoint Mr. G. A. Syme a Trustee of the Medical Society Hall, in the place of the late Dr. James Jamieson.

A meeting of the Council of the Victorian Branch was held at the Medical Society Hall, East Melbourne, on November 29, 1916, Dr. A. V. M. Anderson, the President, in the chair.

At the request of the Faculty of Veterinary Science, the Council agreed to send a letter to the Premier of Victoria, pointing out the value of the Veterinary College, both to primary producing interests of the State and to the medical profession in the study of comparative anatomy and in the provision of normal and immune sera. They requested the Premier to refrain from withholding the Government grant of £4,000 to the Veterinary School, as this would put a stop to the valuable work now being carried out in the Veterinary College at the Melbourne University.

The Honorary Secretary was directed to forward a letter of congratulation to Dr. D. D. Jamieson on his having been awarded the Military Cross for heroic conduct on the field of battle.

The Council resolved to record on the minutes their appreciation of the services rendered to the Branch by Dr. A. L. Kenny, who had acted as a member of the Council for many years, and had filled the positions of Honorary Secretary, President, and Convener of the Ethical Sub-Committee, in each case with exceptional ability. The Council regretted that Dr. Kenny had been obliged for private reasons to sever his connexion with the Council. They expressed the hope that his services would long be available as a member of the Branch.

A meeting of the Council of the Victorian Branch was held at the Medical Society Hall, East Melbourne, on December 14, 1916, Professor R. J. A. Berry, the President, in the chair.

Professor Berry welcomed the new members of the Council, Dr. T. P. Dunhill, Basil Kilvington and A. Norman McArthur.

It was resolved to send a letter of condolence to Dr. W. Kent Hughes on the loss he had sustained by the death of his wife.

Dr. A. V. M. Anderson reported that he had had an interview with the leader of the Legislative Council, at which he had discussed the provisions of the Medical Act and of the Venereal Diseases Bill. As a result of this interview, the views he had expressed, which represented the views of the profession, had been quoted in the House, and the objectionable clauses in both measures had been removed.

It was resolved that the formal acknowledgment of members' subscriptions should be by postcard for reasons of economy and saving of clerical work.

It was decided to send a letter congratulating Dr. W. W. S. Johnston on his having been awarded the Military Cross.

A discussion took place on the question of the work of organizing medical students. This matter had been referred to the Council by resolution of the Annual General Meeting. The matter was referred to the Organization Committee for consideration and report.

In regard to another matter referred to the Council from the Annual Meeting, viz., the expediency of reopening negotiations with the Friendly Societies, the same Sub-Committee was invited to draw up a report.

It was resolved to add an item, "General Business," on the notice paper of each monthly meeting.

The official notice of the President had been drawn to the fact that certain members of the Branch had given testimonials to a theatrical company in connexion with a certain play which was being staged in Melbourne. It was determined to send letters to the medical practitioners concerned, pointing out that in the opinion of the Council the action complained of was opposed to the spirit of section 2 of the ethical circular regarding trade advertisement, which had been issued to the members a short time ago. The wording of the section is as follows:—

> No member engaged in medical practice shall sanction the quotation of any extract from any publication by him dealing with any medical or surgical subject for the purpose of a trade advertisement.

Dr. F. L. Davies was elected Honorary Assistant Secretary, and Dr. Julian Smith was elected Honorary Assistant Treasurer.

The following were appointed members of the various sub-committees, in addition to the President and Honorary Secretary, who serve on all committees *ex officio*. The member named first in each list was appointed Convener:—

Organization: Drs. Allen Robertson, A. V. M. Anderson, R. L. McAdam, B. Crellin, L. J. Balfour, R. H. Fetherston, A. Norman McArthur and Basil Kilvington, with power to add to its number.

War Organization: Mr. C. Stanton Crouch, Drs. W. R. Boyd, R. L. McAdam, T. P. Dunhill and A. Jeffreys Wood.

Press: Drs. Alex. Lewers and J. F. Wilkinson.

Ethical: Drs. R. L. McAdam, A. V. M. Anderson, F. L. Davies and L. J. Balfour.

Legislative: Drs. B. Crellin, F. L. Davies, W. Ernest Jones, A. E. R. White and A. V. M. Anderson.

House: Dr. C. H. Mollison.

Scientific: Drs. K. Hiller, H. Douglas Stephens, Alex. Lewers, Allen Robertson and Basil Kilvington (with power to add to its number).

Dr. H. Douglas Stephens was appointed the representative of the Council on the Bush Nursing Association and on the Advisory Board to the Medical Inspector of Schools. Dr. W. Kent Hughes was appointed representative of the Council on the Free Kindergarten Union of Victoria.

The following have been elected members of the Victorian Branch:—

Ralph Harry Crisp, Melbourne Hospital.
Mervyn Athol Stewart, Melbourne Hospital.
Leonard B. Cox, Melbourne Hospital.
Roy Lindsay Park, Melbourne Hospital.
Alfred Raymond Fox, Melbourne Hospital.
Esmond Shirley Joske, Alfred Hospital.
James Mann Henderson, No. 11 A.G.H., Caulfield.
George Vernon Davies, No. 11 A.G.H., Caulfield.
Euan Ironside Littlejohn, Scotch College, Melbourne.

Public Health.

THE HEALTH OF NEW SOUTH WALES.

The following notifications have been received by the Department of Public Health, New South Wales, during the week ending December 16, 1916:—

	Metropolitan Combined District.		Hunter River Combined District.		Rest of State.		Total.	
	Cs.	Dths.	Cs.	Dths.	Cs.	Dths.	Cs.	Dths.
Enteric Fever	10	1	1	0	14	0	25	1
Scarlatina	45	1	5	0	12	1	62	2
Diphtheria	36	0	7	0	28	1	71	1
Cerebro-spinal Meningitis	3	2	0	0	2	0	5	2
*Pulmonary Tuberculosis	21	8	0	0	5	1	26	9

* Notifiable only in the Metropolitan and Hunter River Districts, and, since October 2, 1916, in the Blue Mountain Shire and Katoomba Municipality.

THE HEALTH OF VICTORIA.

The following notifications have been received by the Department of Public Health, Victoria, for the week ending December 17, 1916:—

	Metropolitan. Cs.	Dths.	Rest of State. Cs.	Dths.	Total. Cs.	Dths.
Diphtheria	52	1	37	1	89	2
Scarlatina	15	1	11	0	26	1
Enteric Fever	3	0	5	0	8	0
Pulmonary Tuberculosis	33	9	12	7	45	16
Cerebro-spinal Meningitis	2	—	0	—	2	—
Poliomyelitis	1	—	0	—	1	—

INFECTIVE DISEASES IN QUEENSLAND.

The following notifications have been received by the Department of Public Health, Queensland, during the week ending December 16, 1916:—

Disease.	No. of Cases.
Scarlatina	10
Erysipelas	1
Pulmonary Tuberculosis	15
Diphtheria	31
Enteric Fever	26
Cerebro-spinal Meningitis	1
Malaria	9
Ankylostomiasis	2
Poliomyelitis	2

INFECTIVE DISEASES IN SOUTH AUSTRALIA.

The following notifications have been received by the Department of Public Health, South Australia, for the week ending December 9, 1916:—

	Adelaide. Cs.	Dths.	Rest of State. Cs.	Dths.	Totals. Cs.	Dths.
Morbilli	15	0	44	0	55	0
Pertussis	5	1	60	2	65	3
Diphtheria	4	0	13	1	17	1
Pulmonary Tuberculosis	1	1	18	4	19	5
Scarlatina	0	0	4	0	4	0
Enteric Fever	1	0	14	0	15	0
Cerebro-spinal Meningitis	0	1	1	0	1	1
Erysipelas	1	0	1	0	2	0

THE HEALTH OF TASMANIA.

The following notifications have been received by the Department of Public Health, Tasmania, during the fortnight ending December 17, 1916: —

Disease.	Hobart. Cases.	Launceston. Cases.	Country. Cases.	Whole State. Cases.
Diphtheria	6	8	12	26
Pulmonary Tuberculosis	5	4	5	14
Cerebro-spinal Meningitis	0	0	2	2
Scarlatina	2	0	3	5
Enteric Fever	0	0	1	1

THE BOARD OF HEALTH OF NEW SOUTH WALES.

The Report of the Director-General of Public Health of New South Wales on the work conducted by the Department of Public Health during the year 1914 was ordered to be printed on December 16, 1915, and was issued in the second part of the year. The volume is a large one, containing 206 foolscap pages of printed matter, and dealing with a variety of subjects. The cost of production is not given.

In the body of the report the Director-General refers in general terms to the work accomplished in each section of his Department. In some cases reference is made to a special report contained in the volume. We propose to deal with some of the more important subjects, and to collect the information simultaneously from Dr. Paton's report and from the addenda.

Garbage Disposal.

The Department of Public Health has been endeavouring to induce the local authorities to replace garbage tips by up-to-date destructors, more particularly in the metropolitan and suburban areas. Reference is made to the consideration which was being given to the question of garbage disposal in the metropolitan area, and it is stated that a satisfactory settlement had not been achieved. Four of the suburbs were incinerating the garbage. In all other suburbs tips were being used, at times in public parks. This system created a nuisance in many areas, which was enhanced by the fact that rag-pickers were in the habit of raking over the refuse for the purpose of obtaining material of small value. Dr. Paton recognizes the possible value of the deposition of refuse in depressions in the ground, when the surface is ultimately covered by grass. He calls attention, however, to the objections to this practice during its continuance.

Pure Food Act.

Satisfaction is expressed in regard to the working of the Pure Food Act of 1908. The Act is administered by the Chief Inspector and by seven assistant inspectors. In addition, municipal sanitary inspectors have been appointed to act as inspectors in various parts of the State. The milk supply has been controlled by means of the analysis of samples taken by the Pure Food Inspectors and by the local authorities. In all, 9,526 samples have been taken, and 465 have been found to be adulterated. This means that 4.88% of the samples analysed were not pure. In 200 cases a warning was considered sufficient to meet the case, while in 265 instances a prosecution followed. As a result of these prosecutions, the members were required to pay £1,134 in fines and costs. The average penalty was therefore £4 5s. It appears to us that systematic dilution of milk with water would be a profitable undertaking, if the offender knew that his penalties would be under £5.

In the course of the year 694 inspections of butchers' shops and premises were made. Unclean premises were discovered on 23 occasions, and prosecutions resulted in fines to the aggregate of £97 17s., which averages £4 5s. per offender. Here again it appears to us that the fine is not heavy enough to act as a deterrent. Forty of 630 restaurants and dining-rooms were found to be unclean and unsatisfactory, and the proprietors were punished by the infliction of fines and costs amounting to £187 15s. Several restaurant-keepers were detected in the act of adding from 20% to 75% water to milk for use with porridge or with tea. In all, 3,953 premises were inspected, 1,118 notices were served, and 152 individuals were prosecuted for not taking the necessary precautions to prevent the contamination of food. The fines and costs in these cases totalled £638 15s. 6d.

Inspection of bulk stores and retail establishments revealed a considerable quantity of foodstuffs totally unfit for human consumption. No less than 2 tons 5 cwt. of cereals were seized and destroyed, 53½ tons of dried fruit were found to be riddled with insects and had the same fate, while 31,441 tins of fish, 1,800 carcases of rabbits, 3,386 tins of jam, 57½ tons of vegetables, 549 tins of condensed milk, 560 tins of invalids' foods, and 600 bottles of pickles and sauces, among other things, were seized and destroyed. In eight special cases prosecutions were undertaken, and the traders fined £104 6s. It is stated that prior to the passing of the Pure Food Act this kind of unhealthy food was sold to the public without restriction.

Standardization of Food Products.

In 1912 Dr. Asburton Thompson was appointed a Royal Commissioner by the Premiers of the various States for the purpose of recommending uniform legislation throughout the Commonwealth in regard to the standardization of Australian manufactured food products. A report was presented in December, 1912, and in the following year a further conference of Premiers considered the recommendations contained in the report. Progress has been made in the direction of uniformity, and the pure food regulations now in force in the various States are very far-reaching in their application. We have on various occasions called attention to the fact that the milk standard had been drawn up on an entirely artificial basis, and that the variations of the constituents of human milk are very much wider than those recognized in the regulations.

The control of the milk supply is an important branch of the work of the Department of Public Health. The work is conducted by the Chief Veterinary Inspector, the Assistant Veterinary Surgeon, and a large staff of assistants,

There are about 19,000 registered dairymen within the State, and the cattle in their dairy herds number close on half a million. Dr. Paton calls attention to the fact that the work of the inspectors is largely educational, and that an endeavour is made to secure structural improvements and the maintenance of a high standard of cleanliness, without recourse to harsh measures. When warnings are disregarded and the dairyman neglects to adopt the means required of him the local authority is called upon to cancel the registration of the premises and to prevent the supply of milk or cream until the dairyman complies with the provisions of the Act. At times it was found necessary to institute prosecutions. In all, 138 dairymen were proceeded against, and a conviction was obtained in each case. The fine averaged £2 19s. Dr. Paton is satisfied that "the adoption of the advice given will result in more hygienic and up-to-date methods being adopted."

Supervision of the Meat Supply.

The Cattle Slaughtering Acts prior to 1892 were designed chiefly to check cattle stealing. In 1892 an Act was passed prohibiting the sale of diseased animals or of meat which was unwholesome or unfit for human consumption. A staff of trained meat inspectors is employed to control the supply, and assistance is obtained from the Government medical officers, municipal inspectors, police officers, and stock inspectors. At the Glebe Island Abattoirs 1,807,760 sheep, 254,585 cattle, and 65,566 pigs were slaughtered during the year 1914. It is proposed to transfer the whole of the slaughtering to the new Abattoirs at Homebush Bay as soon as possible. It is estimated that the value of canned meats and meat extracts exported from the State exceeded three-quarters of a million pounds sterling.

Inspection of cattle at Flemington precedes the sale, and all animals condemned have to be shot. During the year 267,101 heads of cattle were inspected; 1,492 were marked as suspects, 170 were condemned on account of emaciation, 12 were condemned on account of actinomycosis, 16 on account of tuberculosis, and one on account of cancer. Of the suspects, 271 were used for boiling-down purposes, and of the remaining 1,221, 283 were passed for food, after a post-mortem examination had been made, 689 were partially condemned, and 249 were totally condemned. In the two latter groups there were 244 cases of tuberculosis, 402 of actinomycosis, 74 of cancer, and 23 of abscess.

The returns from the Sydney Abattoir at Glebe Island reveal that 1.26% of the cattle were totally condemned and 2.06% partially condemned on account of tuberculosis. Approximately 4.2% of the pigs slaughtered were condemned for the same reason. Actinomyces were discovered in 350 bullocks, 152 cows, 12 bulls and one pig. These animals were partially condemned. In all, 31,553 animals, approximately 7%, were condemned at Glebe Island.

The inspection carried out at the various country and suburban private slaughter-houses embraced 2,257,300 animals. Of these, 5,181 were found to be suffering from tuberculosis. In 1,934 cases the carcase was condemned as totally unfit for human consumption. Lymphadenitis was found in 4,656 animals, of which 3,094 had to be destroyed. There were 24 animals affected with cancer, and 583 with actinomycosis. At the bacon factories, 104,545 pigs were slaughtered, and close on 5% were found to be suffering from tuberculosis. In all, 5,206 pigs were condemned. The veterinary inspector summarizes the incidence of tuberculosis discovered after the slaughtering of the animals as follows: Bulls, 16.4%; bullocks, 2.23%; calves, 0.011%; cows, 3.93% and pigs 4.48%.

Re-inspection of meat and meat food products was carried out for the purpose of controlling canned foods for export. In addition to the ordinary souring, putrefaction or other deterioration, infection by *Filaria gibsoni* was found in 30.5% of the briskets of beef examined.

Quack Medicines.

The Director-General deals boldly with a nefarious trade in vaunted remedies for all sorts of ills, and calls attention to the fact that all these quack medicines are fraudulent, since they cannot and do not cure the diseases for which they are recommended. The public is harmed, even when the preparations are not dangerous, by the fact that proper skilled treatment is not sought at an early stage. The Chief Inspector expresses the view that the action taken in this connexion had a good effect in checking the trade, and had led to a modification in the form of advertisement.

The Public Health Act.

The administration of the Public Health Act includes the control of the sanitary conditions of country towns, as well as of the metropolis, the regulation of certain institutions established for the prevention and cure of infective diseases and kindred matters. The Chief Sanitary Inspector has undertaken the full inspection of 32 country towns, and includes in his report a description of the towns, their situation, population, climate, soil, water-supply and surface and sub-soil drainage. He also describes the systems in use for the disposal of sewerage, garbage, liquid wastes and night-soil, the methods adopted for the storage and sale of meat, etc., and the condition of building and building areas. The Inspector calls attention to the fact that the Board of Health has no power to prosecute persons for breaches of the Local Government Ordinances, when the local authorities decline or neglect to prosecute or when they are the offenders themselves. He mentions that important amendments to the Public Health Act were under consideration at the time of writing the report. These amendments are included in the Public Health (Amendment) Act, which became law in 1915. We anticipate that in the annual report for 1915 a full account will be presented dealing with the improvements effected in public health matters by the amending Act. The Stamp-Powell garbage destructor was installed by two local authorities in the metropolitan district, and a third council determined to purchase one. The policy of the department was to introduce compulsory destruction of garbage by fire or by other approved methods throughout the metropolitan area.

In 1913 the Railway Commissioners appointed a medical officer for various purposes, including the selection of suitable sites for railway camps. There were nine railway camps in existence. Regulations were drawn up for the purpose of improving the sanitary conditions in these camps, and a sanitary officer had the duty of enforcing the measures determined on. The regulations included the proper arrangement of the camp itself, the prescribed number of closets of approved design, the collection of pans, and disposal of night-soil, the removal of garbage, the provision of a clean water-supply and the control of food stores. Special investigations were carried out, wherever notifiable infective disease was traced in connexion with these camps. The Chief Sanitary Inspector formed the opinion that in no instance of infective disease were insanitary conditions at the camps responsible.

The Inspector gives a short description of the working of the desiccators in use at Canterbury and Willoughby. The night-soil is desiccated in a Stamp-Powell apparatus, and the offensive vapours are treated by condensation, and discharged under the furnace. The water used for washing the pans is added to the night-soil, and the pans themselves are cleansed by hot water and steam. The work of desiccation and of cleansing the pans can be effected at the cost of 2½d. per pan.

The Board of Health has jurisdiction over building areas. In accordance with these powers, ten areas were proclaimed unfit for building purposes during the year. In some cases the land was subject to inundation by tidal or storm water; in others offensive liquid wastes had produced swamp conditions, while in a few areas the low level was regarded as dangerous. When land is proclaimed unfit for building purposes, a copy of the Proclamation is sent to the owner, and he is acquainted with the conditions required before building operations can be begun. It is suggested that the efficient administration of any part of the Public Health Act dealing with unhealthy building areas cannot be ensured without further powers being obtained. Two prosecutions were undertaken during the course of the year.

The Noxious Trades Act applies to the whole of the county of Cumberland, to the Hunter River combined sanitary districts and to 14 municipalities and three shires in other parts of the State. During the course of the year, extension has been applied to Coonamble, Tamworth and Goulburn.

The number of licenses issued during the year was 682. The Board of Health has the duty of deciding which trades shall be declared noxious, and of framing regulations for their control. Fat extraction, fat melting, bone boiling, bone grinding, glue making, pig keeping, poultry farming, gut scraping, the work of the knacker, of the rag dealer, of the rag picker, and of the flock maker, manure works, and

wool scouring are the noxious trades licensed in the State. The Department was forced to undertake prosecutions for breaches of regulations in five instances, and local authorities took the same action in two. Complaints in regard to nuisance caused at certain establishments at Alexandria and Mascot were made on several occasions.

The renewal of four licenses was refused on account of extensive pollution of Shea's Creek, in the Botany District, by wastes from wool scouring works. The owners of these works were informed that they must obtain more suitable sites elsewhere.

Three rat-catchers are employed by the Department of Public Health to trap rats at different Sydney wharves, in order that the rats may be examined at the Microbiological Bureau. An inspection revealed that the reconstruction of many of the old wharves and buildings and the concrete sheathing of the Darling Harbour wharves had resulted in a general diminution in the number of rats. The Federal Quarantine Department enforces fumigation of ships, and consequently an efficient destruction of rats. During the year the three rat-catchers trapped 2,214 rats. Six catchers employed by the City Council trapped 6,137, and 1,097 rats were obtained from other sources. Of the 9,448 rats, 520 were too putrid for examination, and the remainder proved to be free from infection by *bacillus pestis*.

The remainder of the Chief Sanitary Inspector's report deals with the examination of candidates for the certificate of competency in sanitary knowledge and the issuing of a publication on "Simple Aids to Sanitation."

(To be continued.)

Naval and Military.

It is with deep regret that we have to record the death of Lieutenant-Colonel George Archibald Marshall, V.D., of the Divisional Staff of the Australian Army Medical Corps. He was wounded at Gallipoli, ten days after the historic landing, and after he had been in hospital for some time in England, he was sent back to Australia. His death took place on December 23, 1916.

The total number of casualties among Australian troops up to the end of October was 71,746. The number of killed was 15,753 and of wounded 30,953. There were 3,438 men reported missing, 661 entered as prisoners of war, and in 303 instances the nature of the casualty was not specified. The sick numbered 20,638, which is nearly 29% of the total number of casualties. The sick probably does not include those who have been in hospital and have returned to the fighting line.

The 254th list of casualties was issued on December 20, 1916. In it are contained 629 names, including 115 of men who have been killed or have died, and 67 who are reported to be missing. The only member of the medical profession mentioned is Major J. Reiach, who is ill in hospital for the second time.

The 255th and 256th lists of casualties, which were issued together on December 24, 1916, do not contain the names of any officers of the Australian Army Medical Corps.

In the *Commonwealth Gazette*, No. 187, issued on December 21, 1916, the following announcement appears:—

Army Medical Corps.

3rd Field Ambulance.

Major W A. Fraser, from 2nd Light Horse Field Ambulance, to command the 3rd Field Ambulance, and is granted the temporary rank of Lieutenant-Colonel whilst so commanding.

Correspondence.

THE SCHOOL CLINIC IN SYDNEY.

Sir,—As a civil servant, I am unable to discuss in public matters of Government policy. I may, however, reply to misrepresentations, especially when they take the form of contemptible innuendoes inferring that things are being done in an underhand manner.

One becomes very tired of the number of mistakes or misrepresentations appearing in the *Journal* during the last few years. The number of withdrawals and explanations one finds in the *Journal* shows that I am not the only sufferer. But, possibly owing to personal spleen or the *Journal's* desire to play to the gallery, I appear to be the greatest sufferer.

The fact that the figures quoted in the *Journal* are not understood is not the fault of the figures, but appears to be due to the critic's want of knowledge of the preparation of estimates. Anyone with any knowledge of this subject would see at a glance that the figures in some cases refer to salaries for a portion of a year only, and, in others, to the salaries for a full year. Estimates, like all business statements, are intended to show the actual amount of money expended or to be expended in the particular year under review.

Criticism is only justifiable when the person indulging in it has a knowledge of the subject he attempts to criticize.

A further example of the depths to which medical journalism in Australia has descended during the last few years is contained in the article appearing in the issue of 9th December, 1916, headed "School Clinics."

In this article, there appears another unfair innuendo inferring that the Education Department had manipulated matters so as to delay the gazettal of the names of the officers appointed to the School Clinic in Sydney. For the benefit of those who may have been misled, I would point out that such matters are mainly dealt with by the Public Service Board and the Executive Council, and are not subject to manipulation by anyone. The Education Department has every reason to believe that the gazettal of the particular appointments referred to is following the usual course of procedure.

It is time the management took steps to stop misrepresentation and mistakes appearing in the *Journal*, otherwise the fair-minded majority of the profession will be advised to seek their information elsewhere.

One may not always have agreed with the opinions expressed in the *Journal* under the previous régime, but one had the feeling that subjects were dealt with in an honourable and fair-minded manner.

Yours, etc.,

C. SAVILL WILLIS,
Principal Medical Officer.

Department of Public Instruction,
Medical Branch, Sydney,
18th December, 1916.

[In the articles referred to we have endeavoured to fathom the position in regard to the staffing of the School Clinic in Sydney. The matter is becoming more confused than ever. According to the figures which we reproduced from the Estimates, there were 25 medical officers employed in the Department of Public Instruction during the year ending June 30, 1916, and provision was asked for in respect of the same number of medical officers for the year ending June 30, 1917. On the other hand, there is the statement of the Minister for Public Instruction that "a large number of doctors have already been appointed to attend" the children whose defects detected at the inspection had not been treated. For the purpose of arriving at an understanding of the position, it is quite irrelevant whether all the 25 medical officers were in office during the whole year or during part of it. The point of importance is: has the Department made provision for additional medical officers to undertake the treatment of the children at the Clinic? It is significant that, while the number of medical officers for the two years coincide, the aggregate salaries proposed for the year ending June 30, 1917, are £3,000 more than the aggregate salaries paid in the preceding year. Our suggestion that the number of medical officers employed in the year ending June 30, 1916, was incorrectly given was made because of the disparity in the amounts, and because the Minister had stated that additional medical officers had been appointed. Dr. Willis does not explain the position, and his statements that some of the figures refer to indefinite periods, and that the gazettal of names is *mainly* dealt with by the Public Service Board and the Executive Council do not tend to remove the confusion which, wittingly or unwittingly, has been created. In his annual report for the year 1915 Dr. Willis included in the tables giving details of medical inspection the names of 13 medical officers. In addition, he referred to the work carried out by the staff of the Travelling Hos-

pital. It appears that there are two medical officers attached to the hospital (annual report for 1914). There were therefore 15 medical officers employed in the Department as medical officers during the year 1915. If there were 25 employed in the year ending June 30, 1916, ten temporary or permanent medical officers must have been appointed between January 1 and June 30, 1916. The information which we have been unable to obtain is the number and names of all the medical officers employed in the Department during the year ending June 30, 1916, the number and names of medical officers appointed since June 30, 1916, and the number and names of medical officers undertaking the work of treatment as distinct from inspection. We shall be pleased to place the necessary space at Dr. Willis's disposal for the publication of this information.]

"Pro Bono Profession" (sic) has neglected to enclose his card.

Proceedings of the Australasian Medical Boards.

VICTORIA.

The following have been registered under the provisions of Part 1 of the "Medical Act, 1915," as duly qualified medical practitioners:—

James Mann Henderson, M.B. et Ch.B., Melb., 1916.
Alexander Alison Lang, M.B. et Ch.B., Melb., 1916.
Hugh Compson Trumble, M.B. et Ch.B., Melb., 1916.
Charles Eric Watson, M.B. et Ch.B., Melb., 1916.

QUEENSLAND.

The following gentleman has been registered under the provisions of the "Medical Act of 1867" as a duly qualified medical practitioner:—

Frederic George Morris Brittin, L.S.A., Lond., 1871, M.R.C.S., Eng., 1872.

Books Received.

THE STUDENT'S TEXT-BOOK OF SURGERY, by H. Norman Barnett, F.R.C.S.; 1916. London: William Heinemann; Roy. 8vo., pp. 794. Price, 21s. net.

THE SEXUAL DISABILITIES OF MAN, AND THEIR TREATMENT AND PREVENTION, by Arthur Cooper, M.R.C.S., L.R.C.P.; Third Edition, 1916. London: H. K. Lewis & Co., Ltd.; Sydney: Angus & Robertson, Ltd.; Cr. 8vo., pp. 227. Price, 6s. net.

THE BIOLOGY OF TUMOURS, by C. Mansell Moullin, M.D., F.R.C.S.; 1916. London: H. K. Lewis & Co., Ltd.; Sydney: Angus & Robertson, Ltd.; Demy 8vo., pp. 55. Price, 2s. 6d. net.

Medical Appointments Vacant, etc.

For announcements of medical appointments vacant, assistants, locum tenentes sought, etc., see "Advertiser," page xix.

Mental Diseases Hospital, New Norfolk, Tasmania, Assistant Medical Officer.

Medical Appointments.

IMPORTANT NOTICE.

Medical practitioners are requested not to apply for any appointment referred to in the following table, without having first communicated with the Honorary Secretary of the Branch named in the first column, or with the Medical Secretary of the British Medical Association, 429 Strand, London, W.C.

Branch.	APPOINTMENTS.
VICTORIA. (Hon. Sec., Medical Society Hall, East Melbourne.)	Brunswick Medical Institute. Bendigo Medical Institute. Prahran United F.S. Dispensary. Australian Prudential Association Proprietary, Limited. National Provident Association. Life Insurance Company of Australia, Limited. Mutual National Provident Club.
SOUTH AUSTRALIA. (Hon. Sec., 3 North Terrace, Adelaide.)	The F.S. Medical Assoc., Incorp., Adelaide.
QUEENSLAND. (Hon. Sec., B.M.A. Building, Adelaide Street, Brisbane.)	Brisbane United F.S. Institute
WESTERN AUSTRALIA. (Hon. Sec., 320 St. George's Terrace, Perth.)	Swan District Medical Officer. All Contract Practice Appointments in Western Australia.
NEW SOUTH WALES. (Hon. Sec., 30-34 Elizabeth Street, Sydney.)	Department of Public Instruction—Appointments as Salaried Medical Officers, with duties which include the treatment of school children. Australian Natives' Association. Balmain United F.S. Dispensary. Canterbury United F.S. Dispensary. Leichhardt and Petersham Dispensary. M.U. Oddfellows' Med. Inst., Elizabeth Street, Sydney. Marrickville United F.S. Dispensary. N.S.W. Ambulance Association and Transport Brigade. North Sydney United F.S. People's Prudential Benefit Society. Phœnix Mutual Provident Society. F.S. Lodges at Casino. F.S. Lodges at Lithgow. F.S. Lodges at Orange. F.S. Lodges at Parramatta, Penrith, Auburn, and Lidcombe. Newcastle Collieries — Killingworth, Seaham Nos. 1 and 2, West Wallsend.
NEW ZEALAND: WELLINGTON DIVISION. (Hon. Sec., Wellington.)	F.S. Lodges, Wellington, N.Z.

Diary for the Month.

Jan. 9.—N.S.W. Branch, B.M.A., Council (Quarterly).
Jan. 16.—N.S.W. Branch, B.M.A., Executive and Finance Committee.
Jan. 18.—Vic. Branch, B.M.A., Council.
Jan. 19.—Queensland Branch, B.M.A., Council.
Jan. 23.—N.S.W. Branch, B.M.A., Ethics Committee.
Jan. 30.—N.S.W. Branch, B.M.A., Medical Politics Committee; Organization and Science Committee.
Jan. 31.—Vic. Branch, B.M.A., Council.

EDITORIAL NOTICES.

Manuscripts forwarded to the office of this Journal cannot under any circumstances be returned.

Original articles forwarded for publication are understood to be offered to *The Medical Journal of Australia* alone, unless the contrary be stated.

All communications should be addressed to "The Editor," *The Medical Journal of Australia*, B.M.A. Building, 30-34 Elizabeth Street, Sydney, New South Wales.

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Index to Advertisements

Page.

AGENTS—
Backhouse & Goyder .. xix.
Albert Powell .. xix.
Donald Ross & Co., Ltd. .. xix.

CHEMISTS, ETC.—
Anglo-French Drug Co., Ltd. .. xv.
Ayres & James .. xx.
Bristol Myers Co. .. xxi.
Burroughs Wellcome & Co. .. xi.
J. L. Chatelain .. iii.
Denver Chemical Manufacturing Co. .. xx.
Duerdin & Sainsbury .. xiv.
Elliott Bros., Ltd. .. xiv.
Fassett & Johnson .. xxi.
Felton, Grimwade & Co. .. xviii.
F. Longmore & Co. .. xvii.
Muir & Neil .. xviii.
Geo. R. Nicholas & Co. .. viii.
Parke, Davis & Co. .. xxii.
Rocke, Tompsitt & Co. .. xiv.
Donald Ross & Co., Ltd. .. ix.
L. A. B. Stuart, Walker & Co. .. xiii.

CLOTHING—
Lincoln, Stuart & Co., Pty., Ltd. .. iv.
Peapes & Co., Ltd. .. xiii.

DISINFECTANTS—
Carbolacene .. v.
Trusol .. xvii.

EXCURSIONS—
Victorian Government Tourists' Bureau .. xvi.

FOODS, ETC.—
Allenburys' Diet .. i.
Cornwell's Extract of Malt .. xx.
Glaxo .. v.
Horlick's Malted Milk .. xvii.
Lactogen .. xii.
Lactagol .. xviii.
Nestlé's Milk .. vii.
N.S.W. Fresh Food & Ice Co., Ltd. .. xiii.
Virol .. ii.

FURNITURE, ETC.—
Beard, Watson, Ltd. .. vi.
Anthony Hordern & Sons, Ltd. .. xxi.

HOTELS—
Hotel Kosciusko .. iii.
The Joynton Smith Management Trust .. x.

INSTRUMENTS—
W. Watson & Sons .. ix.

MASSAGE, ETC.—
Mr. and Mrs. A. Ollé .. xix.

NURSES—
Australasian Trained Nurses' Association .. xix.

WINES—
Lindeman, Ltd. .. iii.

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Table of Contents.

Page.

ORIGINAL ARTICLES—

On a Skin Eruption Associated with the presence of great numbers of Demodex Folliculorum, by Herman Lawrance, M.R.C.P. 555

Left Side Pelvic Pain, by J. A. G. Hamilton, M.D. 556

REPORTS OF CASES—

A Case of Bone Transplantation, by D. Murray Morton, M.D., Ch.B. 557

REVIEWS—

Anatomy 560

PUBLIC HEALTH ANNUAL AND SOCIAL WORKERS' GUIDE 560

LEADING ARTICLES—

The Year's Sacrifices 561

Food Supply and Efficiency 561

THE WEEK—

The Conference of School Medical Officers 563

Page

BRITISH MEDICAL ASSOCIATION NEWS—

Medico-Political 563

PUBLIC HEALTH 564

THE BOARD OF HEALTH OF NEW SOUTH WALES 565

NAVAL AND MILITARY 567

CORRESPONDENCE—

The School Clinic in Sydney 567

PROCEEDINGS OF THE AUSTRALASIAN MEDICAL BOARDS—

Victoria 568

Queensland 568

BOOKS RECEIVED 568

MEDICAL APPOINTMENTS VACANT, ETC. 568

MEDICAL APPOINTMENTS—IMPORTANT NOTICE 568

DIARY FOR THE MONTH 568

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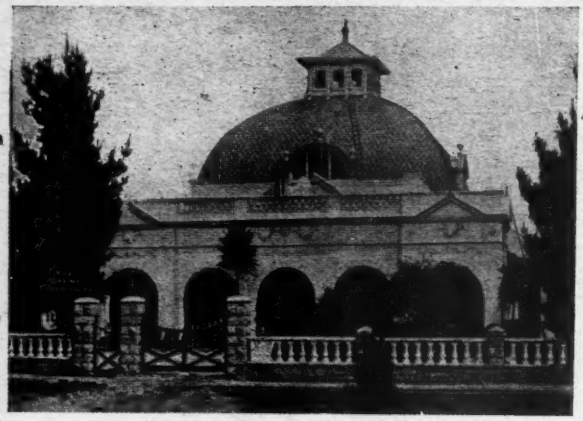

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The "Icy-Hot" bottle will keep HOT LIQUIDS STEAMING HOT FOR 24 HOURS, and it will keep COLD LIQUIDS ICY COLD FOR THREE DAYS.

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ALL NICKEL-PLATED.	Pint size	14/6
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AS manufactured under the supervision of Dr. J. F. ELLIOTT, has for many years been before the Medical Profession throughout Australasia, and has been used successfully in all the leading hospitals of the Commonwealth, giving every satisfaction, and may be employed with every confidence.

ÆTHER FOR ANÆSTHESIA (Elliott's) is manufactured in Bond, at our Balmain Laboratory, from a specially purified Alcohol and pure Sulphuric Acid, no Methylated Spirit being used in its manufacture.

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Carbosyl is a powerful disinfectant and deodoriser, having great bactericidal properties. It is less poisonous than others.

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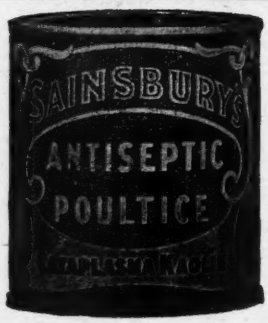

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It is found in the form of a pale yellow powder, liable to change when exposed to the air.

GALYL is as effective as SALVARSAN or NEOSALVARSAN on Spirochætes and Tryparosomes, more rapid in action, and free from the neurotropic and congestive action of these preparations.

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(1) **DILUTE.**—GALYL is supplied in neutral glass ampoules containing the necessary dose of Sodium Carbonate, sterile distilled water only being used for the dissolution.

(2) **CONCENTRATED.**—A special outfit containing one dose GALYL, one ampoule sterilised solution, and one small filter is supplied.

Doses: 0.20—0.25—0.30—0.35—0.40.

For Intramuscular Injections GALYL is supplied in oily emulsion.

Doses: 0.20—0.30—0.40.

HECTINE

HECTINE is Sodii Benzo-sulpho-p-amino-phenyl arsonas.

HECTINE consists of colourless needles, very soluble in water, containing approximately 21 per cent. of arsenic.

The preparation is put up in sterile ampoules for Intra-muscular Injections:—

AMPOULES A containing 10 cg. in 1 c.c.
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PILLS (in Phials of 24) 10 cg.

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"Severe case of intractable syphilis treated satisfactorily with Hectine."

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Mercurial salt of HECTINE, a combined arsenico-mercurial treatment of Syphilis, especially recommended after a course of Galyl.

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Hg. .. .. .. 1 cg. in 1 c.c.

AMPOULES B containing:
Hectine .. .. 20 cg.
Hg. .. .. .. 1½ cg. in 1 c.c.

PILLS containing:
Hectine .. .. 10 cg.
Protoiod. of Hg. 1 cg.
Opium Extract 1 cg.
In Phials of 24 Pills.

CUPRASE

CUPRASE is a colloidal copper hydroxide which is obtained chemically by the reduction of salts of copper in the presence of albumosic acid.

The Medical Treatment of Cancer

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As a result of over ten years' research work on Cancer Dr. Gaube du Gers produced a new Colloidal Copper Hydroxide which has given remarkable results in arresting the progress of the disease, with loss of pain, and great improvement in the general condition of the patient. Locally, these results are manifested by a transformation of the lesions, leading to their cicatrisation, in a greater or less period, to the diminution in their size, and finally to the disappearance of the diseased glands. Dr. Gaube du Gers' Cuprase is employed in subcutaneous injections made **very slowly** in the gluteal region, with a needle of about **0.03** cm. at the rate of an ampoule every four days, which should be continued in the same manner as long as necessary. These punctures are not generally painful and do not produce any local reaction. Cuprase **is not toxic.**

Extract from Proceedings of the Royal Society of Medicine, February, 1913:—

Dr. George Herschell

. . . . . There are two kinds of colloid copper. The electrically prepared colloid which is manufactured by passing an electric arc through copper plates immersed in water, and the chemical colloid which results from the slow reduction of copper in the presence of albumosic acid. Theoretically, the electric colloid should prove most efficacious, as the particles of copper are reduced to the finest state of subdivision. Clinically, however, the **chemical colloid appears to give the best results.** In the following cases chemically prepared colloid was used. Experimentally, it has been proved: (1) That particles of colloid copper can be demonstrated in the granulations of cancerous growths after two or three injections of the colloid; and clinically (2) **There is invariably great relief from pain;** (3) Appetite and strength return and the patient puts on flesh; (4) There is in many cases a diminution in the size of the tumour; (5) **The injections are absolutely non-toxic,** although in many cases an inflammatory reaction is manifested in the cancerous growths.

As regards my own personal experience in the use of this method of treatment in addition to my own cases, I have had an opportunity of observing the effects in the practice of some of my medical friends, and in nearly all cases the progress of the disease appeared to be arrested.

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From 15th November, 1916, till 30th April, 1917, tickets in connection with the following excursions will be issued:—Seaside and Gippsland Lakes; Mountainous Districts; through Rail and Coach; Buchan Caves; Wednesday, Saturday, and Sunday Excursions to Williamstown, Port Melbourne, St. Kilda, Brighton Beach, Sandringham, and Mordialloc; Family Suburban Seaside Excursions. Full particulars can be obtained from the "Book Time-Table" or from posters at stations.

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Special Inclusive Week Trips, including first-class rail, accommodation, and coach drives—Beachworth, £5; Healesville, £3; Warburton, £3 5s.

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Free samples will be posted to any Medical man who requires same for test purposes—

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has the basis of a milk nutrient so delicious and digestible that it will prove a welcome relief to many of your patients from ordinary sick-room foods. Used with increasing confidence in the treatment of all acute and chronic disease because its nourishment is appropriated with the minimum danger of overtaxing digestion.

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LACTAGOL is saving the lives of thousands of babies every year.

Where the milk is scanty LACTAGOL will increase the flow. Where the milk is poor in quality LACTAGOL will enrich it. LACTAGOL tones up the mother's system, banishing lassitude and nursing pains.

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LACTAGOL is extensively employed in the leading MATERNITY HOSPITALS and INFANT CLINICS throughout the World.

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As a substitute for Lysol, it answers every requirement.
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It is CHEAPER than the Imported Article.
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Its solution is brilliantly transparent and does not obscure instruments in the sterilising dishes.

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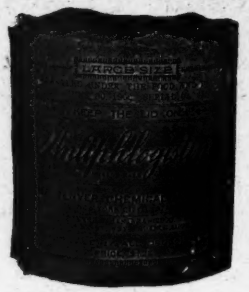

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